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ABSTRACT

One of 10 documents developed for preschool programs for handicapped children, the manual presents classroom directed home training activities. The activities are based on such principles as the effectiveness of home instruction by a parent and the need for a parent to feel responsibility for the child's learning. Intended to provide teachers of handicapped children with a means of teaching parents to work with their children at home, each activity sheet gives the basic goal, developmental area, the steps and procedures, and lists materials needed. The sheet also serves as a parent recording sheet with the child's progress plotted on a daily basis. Up to 12 activity sheets are provided for the following development areas: social, emotional, cognitive, expressive language, receptive language, hearing impairment, gross motor, fine motor, self help, tactile (sensual), visual perception, and visual impairment. Also included is planning information and forms for the teacher. (DB)

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CLASSROOM DIRECTED

HOME TRAINING ACTIVITIES

Preschool Program: A Regional Demonstration Program for Preschool Handicapped Children

Jacquelyn O. Jones

Edited by Kennith Goin
Illustrations by Nancy Creegan

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Putnam/Northern Westchester
Yorktown Heights, New York 10598
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DEDICATION

The extensive range of activities presented in this index reflects the high level of teaching skills and unique perception of individual needs demonstrated by the following BOCES Preschool Program Home Trainers:

Marti Brogan	For dedicated teaching from February 1979 to the present
Kathy Budries	For dedicated teaching from November 1979 to the present
Margot Noschese	For dedicated teaching from December 1977 to June 1979
Mary Smyth	For dedicated teaching from September 1976 to the present
Charlotte Sperling	For dedicated teaching from October 1977 to June 1978

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The basic format of weekly activity sheets has been adapted from the Portage Project Model. Many thanks go to the Portage Project for the training and technical assistance that they have provided to us in establishing our model for home teaching.

I would like to express thanks and appreciation to Kathy Petisi for her editorial assistance and her suggestions from a classroom teacher's point of view.

Last, but not least, thanks and appreciation go to the BOCES Special Education administrators --

Dr. Paul Irvine, Director

Dr. Don Coe, Assistant Director

Ms Amy L. Toole, Preschool Program Supervisor

they have always supported and encouraged a creative approach in developing a relevant program to serve the real needs of special children.

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INTRODUCTION

There is little question of the good that can be accomplished when parents of special children supplement instruction begun at school with activities in the home (Carver and Carver, 1972; Ehlers, 1966; Jacobs, 1969; Farber, 1958). The special child adds responsibilities for all members of a family that may create stressful situations. Intervention programs can lighten the responsibilities in numerous ways: e.g., by making the child more self-sufficient, by helping the family understand the youngster's needs, by providing emotional support.

Therefore, preschool programs have for some time been encouraged by federal funding agencies and professional educators to plan for parent involvement (Gordon et al., 1975; Hanes et al., 1976; Peters, 1977). Ideally, such a plan would in part be designed to encourage parents to begin instructional activities in the home. These activities, we believe, should be guided by six principles:

1. Instruction may effectively be given in the home by the parent.
2. The mother (or father or guardian) must learn to feel a responsibility for his or her child's learning.
3. The activities the parent undertakes with the child should be ones which will encourage the parents and support them in working with their child.
4. One parent, usually the mother, should be given the bulk of home instructional responsibilities.
5. The activities must be exactly suited to the child's needs (i.e., the ways he or she learns best, the problem areas, interests, etc.). (See Parker, 1894.)
6. The child is first a student in the family, second a student in the school. (See Parker, 1894.)

GOALS

The primary goal of this book is to provide teachers of special children with a means of teaching parents to work with their children at home. The activity sheets allow teachers to provide Mom or Dad with teaching tasks without spending hours in preparation. Any activity sheet may be xeroxed and given to the parent "as is" or with the teacher's modifications.

The book was also developed to provide preschools with a format that would encourage them to consider the child's home and family in their total intervention program. For example, schools just beginning with little time for anything but classroom planning could use this book as a basis for a parent teaching program.

As teachers use the book over the year, they may wish to add other activities to the categories included here. These may be activities they have developed or that have been shared by other teachers in their own and other schools. In this sence, the book is a way of recording and sharing ideas, methods, and activities.

ACTIVITIES

In this book, there are activity sheets in the following areas: Social, Emotional, Cognitive, Expressive Language, Receptive Language, Hearing Impairment, Gross Motor, Fine Motor, Self-help, Tactile, Visual Perception, Visual Impairment. Within each of these areas, the tasks are presented according to the normal developmental sequence: i.e., lowest-level activities first. Each activity is presented in a series of steps that the parent may easily follow on a day-to-day basis.

AUDIENCE

Any program that serves preschoolers or special children can profit from this book. Appropriate agencies include: nursery schools, day care centers, Head Start centers, preschool special-education programs, and school-age programs for developmentally delayed children.

TEACHER'S RESPONSIBILITIES

Several things should be kept in mind before beginning to employ the materials in this book with parents:

1. Parents may be shy at first about being their child's official teacher, but they soon enjoy the new role.
2. Mothers and fathers have much to offer and are eager participants. Plan activities that include both in the teaching process.
3. The teacher being well prepared promotes the same behavior in the parents and child.
4. It is essential for every parent when given a home activity, to see it demonstrated and to have a chance to practice it before leaving the school.
5. Parents need suggestions for structuring the teaching situation, e.g.: when to work with the child, where to keep the materials, where to keep the parent recording sheet, how to handle a child's refusal to cooperate, the use of physical and positive reinforcement.
6. Most parents have experienced guilt and fear concerning their child.
7. Parents' attitudes toward their child become more positive when they see that another adult can appreciate and enjoy the child.
8. The teacher must take his or her lead from the priorities set by the parent. The total needs of a family must be considered when goals and activities are being planned for an individual child. For example:
    a. When a parent does not recognize a specific developmental need (e.g. language), it is suggested that the teacher choose another area of development (e.g. gross motor)

as a vehicle for teaching skills in the area of need. Teachers can prescribe a gross motor activity which stimulates the child's use of language.

b. Accommodate changes in the home, for example, by prescribing a family-oriented activity which focuses on the child's strengths when relatives are visiting.

c. Prescribe activities to reinforce new skills or interests as a child acquires them. For example, if the parent reports the child's sudden interest in toilet training, the teacher should postpone the planned weekly activity and prescribe a plan for encouraging this new skill.

By remembering these points, the teacher is more likely to find success in his or her goal of sharing educational tasks with Mom and Dad.

USING THIS APPROACH

All of the activities in this guide were designed by teachers. They analyzed the steps followed in teaching particular tasks and wrote them down. This does not mean, however, that the steps cannot be added to or taken from -- the user must rely on his or her own judgment. The teacher should keep a list of activities assigned to each child. Figure 1 is a sample list. Enrichment Activities in Figure 1 include all parent-child activities conducted, both those planned by the teacher and those which occur spontaneously with the child.

The ability and state-of-readiness of the child and the wishes of the child's parent should be the factors that guide selection of activities. It is very important for an activity to be stopped whenever a parent or child feels uncomfortable with it in order to prevent poor attitudes toward the home-learning situation.

The steps the teacher should follow in using this book as an aide in the home-teaching program are presented below.

1. Review parent questionnaires or concerns expressed by parents regarding their child's development.
2. Then decide on a parent or parents to begin the process with. Choose those who are most likely to cooperate, to follow through with the activity daily, and to keep a record of the child's behavior. (Accumulate some experience before approaching a parent who will need more attention.) A good time to approach a parent about home teaching is when he or she picks up the child after school.
3. Choose an activity which meets the parent's concerns about the child at home. For example, if the parent is concerned with potty training, you might start with Self-help activity number 4. If the focus of the early parent-child work is for the parent to learn positive reinforcement techniques, to develop better parent-child interaction styles, or to develop confidence in the

youngster, start with an activity the child can already do. Also, let the parent know that the child can play the role of teacher for a younger sibling who has not yet acquired his or her skills. This helps build confidence in the special child.

4. Change vocabulary or writing style to suit the parent's ability when necessary. Xerox the blank sheet on page 13 for this purpose.
5. Model the activity with the child, so the parent can see how to proceed.
6. Ask the parent and child to practice the activity in front of you after you have modeled it for the parents. Praise efforts of both.
7. Discuss: the goals of the activity;
   when the task will be done each day;
   where materials will be kept;
   who might be involved;
   what to do if it doesn't work;
   how to reinforce the child's cooperation; and,
   how to record the child's performance daily.
8. Ask the parent to return after 1 week to demonstrate the activity with the child; or, the teacher may make a home visit for the demonstration.
9. At the end of the first week, review the performance data.
10. Encourage the parents to adapt and apply the procedures (in the activities they teach) whenever possible during the day.
11. When a parent is negligent in conforming to structures, stress the need to follow the sheet to help the child learn. Demonstrate other activities with the child so it becomes obvious that clear planning and limits help the child learn quickly.
12. Circle the numbers of the steps in the direction which are needed or most appropriate for the parent and child.

FIGURE 1

TEACHER'S WEEKLY PLAN AND RECORD

Child _____

Date of Visit _____

I. Review of Previous Week's Activity:

Goal - _____ Achieved _____

Comment - _____

II. Presentation of New Activity:

Goal - _____

Comment - _____

III. Enrichment Activities:

Material - _____

Comment - _____

Material - _____

Comment - _____

Material - _____

Comment - _____

Material - _____

Comment - _____

Material - _____

Comment - _____

IV. Family Information:

V. Ideas for Next Week's Activity:

TALKING WITH PARENTS

During interactions with parents, the teacher should discuss the overall educational approach that helps in working with the special child. Several points to stress include:

1. The teaching session at home is best conducted on a "professional" basis to promote a respect for the learning situation, the child's efforts, and the learning materials. The term "professional" signifies the attitude established by:
    a. expecting the parent and child to be prepared and willing to consistently complete the weekly activities;
    b. maintaining the focus of the teaching session on the child's developmental needs;
    c. clearly relating methods and materials to the child's learning needs; and,
    d. reserving time at the end of the session for parent comments and observations.
2. Keeping each activity in a special container is important for the purposes of opening and closing the task, and for maintaining respect for the materials used.
3. Materials improvised from everyday objects for the activities are often better than specially purchased objects.
4. Daily recording of the teaching activity by the parent is crucial for awareness of changes in the child's behavior. Recording enables the parent to define the child's entry skills and clarify needs. Daily recording creates an objective awareness of the small changes in the child's skills which lead toward accomplishing major goals.

5. A word of praise for every positive effort from the child is the best form of reinforcement. Praise should be used to acknowledge any and every acceptable behavior, e.g.: sitting on a chair getting ready to work, asking to use a toy, asking for help. Avoid use of any negatives. Instead of "No, that's wrong." say, "There's another way, try again." When "hands-on" help is needed, praise the child for "good work" regardless of the amount of help that was given. The moment you see any sign that the child is responding to a request, say "Good work, you like to try hard." All verbal expressions of acceptance and acknowledgement of effort also serve to demonstrate to the parent that this child is worthy of praise and consideration by others.

6. The child's new learning experience begins when his or her family begin to believe that achievement is possible, and then set appropriate expectations.

7. The goal of each activity is to increase the child's confidence and ability to do the task without adult help.

DEALING WITH PARENT RESISTANCE-- CASE DESCRIPTIONS

Most parents who begin a home-teaching program present some form of resistance because they are afraid to recognize or accept their child's needs. Typical manifestations of parent resistance include:

1. Continuous changing of scheduled appointments.
2. Avoiding active participation in a teaching session.
3. Complaints of feeling inadequate in teaching the child.
4. Lack of positive expectations for the child.
5. Family stress which causes the parent to feel overwhelmed.
6. Denial of child's developmental needs.

The two case descriptions which follow offer techniques for dealing with typical parent resistance. Teachers should use these methods during the modeling session.

Child A

1. Parent Characteristics

   Background

   - Middle socioeconomic status
   - College educated

   Type of Resistance

   - Denial of child's developmental needs
   - Focuses teaching session away from child
   - Records comments in terms of own interests and needs rather than child's

2. Teaching Approach

   - Call the parents before the appointment to describe the planned teaching session.
   - Provide the parents with appropriate articles and books on

child development.

- Provide the parents with the opportunity to review developmental checklist to plan teaching goals.
- Plan time at the end of the teaching session or schedule a telephone call to discuss the parents' comments and observations with them.
- Always observe the parents and child practicing the teaching skill after it has been modeled.
- Ask the parents and child to plan a teaching activity, based on a goal of their choice, that they will demonstrate for the teacher for the next week.

Child B

1. Parent Characteristics

Background

- Lower socioeconomic status
- Two years of high school
- Mixed ethnic background

Type of Resistance

- Family stress
- Lack of positive expectations for the child (e.g., the parents believe the child is purposely misbehaving)
- Feelings of inadequacy about teaching their child
- Refusal to keep written record (e.g., the parents seem intimidated by the written recording sheet)
- Avoidance of active participation in the teaching session

2. Teaching Approach

- Stop by the home or call the parents ahead of the session and explain the program:
    a) Stress that it will be fun.
    b) Ask about the parents daily schedule to determine the best time of day for teaching sessions.
    c) Ask what the parents would like to see their child accomplish for the year.
- Print the steps and directions on the parent recording sheet and require a minimum of writing from the parents.
- Develop activities that are based on routine parent-child interactions (e.g., dressing, eating, walking to the store).
- Develop activities that encourage awareness of the child's strengths.
- Develop activities to encourage the child's interaction with environments outside of home (e.g., T.V. shows, magazines, walks to town).
- Plan activities that incorporate shared experiences between the parent and child.
- Use home-made toys and household objects for teaching materials.
- Praise every positive effort made by the child.
- Praise the parents for every effort they make to cooperate.
- Plan simple "fun" activities to model enjoyment of the child.
- Develop feelings of trust and caring with the parent by demonstrating your concern for their personal needs.
- Encourage the parents' personal interests.
- Maintain contact with involved social agencies with parental consent.

Parent Recording Sheet

Child's Name:_____ Date Initiated:_____

Teacher:_____ Credit: Yes____ No____

Developmental Area:_____

Basic Goal

_____

Steps and Procedures

Behavior Chart

_____

Monday

_____

Tuesday

_____

Wednesday

_____

Thursday

_____

Friday

_____

Saturday

_____

Sunday

_____

Materials Needed

Summary or Comments

Notice to Teachers: "Permission is granted to the teacher to reproduce this page as necessary for use with children in her classroom."

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THE ACTIVITIES - DESCRIPTION FOR USE

The activities for use in the classroom-directed home training approach have been divided in twelve sections. Each section begins with a descriptor page listing the sequenced activities which follow. For example, activity #1 on the descriptor page corresponds to the first activity in each section. Additional descriptors have been placed in the upper right-hand corner of the Parent Recording Sheets.

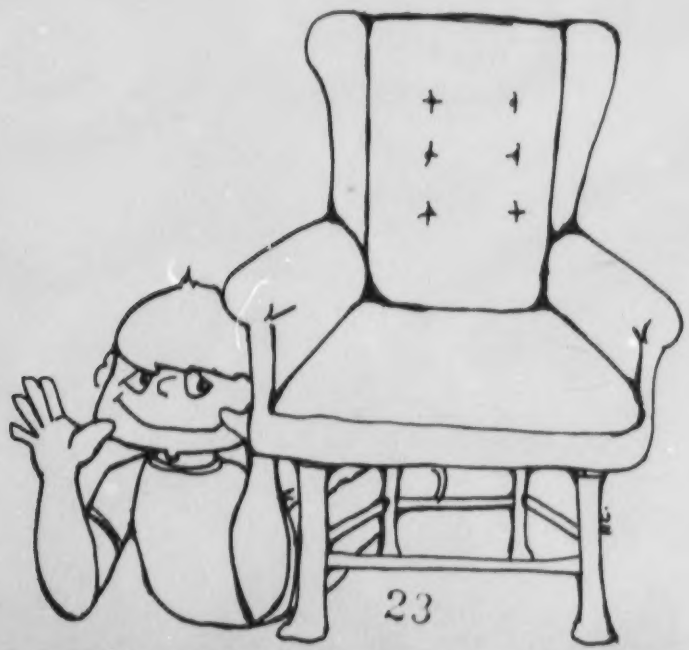
The Parent Recording Sheets specify developmental area, goals, steps and procedures and materials needed for the activity. A behavior chart with simple directions for use has been included. Parents should be directed to use the "comments" space for recording their suggestions or concerns.

Social

NOTE: The purpose of the activities in this section is to encourage experiences with siblings, peers and family members. The following section "Emotional" provides activities to foster the child's self concept and reinforce his or her role in the family.

ENCOURAGE SIBLING INTERACTION WITH THE FOLLOWING ACTIVITIES:

1. Playing patty-cake
2. Playing hide-and-seek
3. Naming family members at dinner
4. Playing catch (i.e. by rolling a ball on the floor between players who are seated)
5. Assigning a daily chore
6. Playing a family game (lotto, Candy Land, etc.)
7. Blowing a Ping-Pong ball across a table
8. Matching pairs of shoes
9. Playing "Simon Says" with sign language
10. Playing "I see something, name color" which involves taking turns to find the color or objects named
11. Playing "Show me the _____" in which older siblings ask their younger brother or sister to identify



Parent Recording Sheet

SOCIAL 1: Playing patty-cake

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: SOCIAL (Gross Motor)

Basic Goal

_____ will play patty-cake
(child's name)

with Mom and Dad.

Steps and Procedures

1. Sit facing another child with _____ in your lap.
2. Hold your hands over _____'s to pattern his/her moves. Stop helping when _____begins to clap alone.
3. Say words slowly and clearly. Start with 1 line from those on the verse which follows. Each day, add 1 line more.
4. Play twice each day.

Verse:

1. Patty cake patty cake Baker's man. (clap) (clap) (hit other child's hands 3 times)
2. Bake me a cake as fast as you can. (hit other child's hands 2 times)
3. Roll it and pat it and mark it with (initial). (draw in air with finger)
4. And put it in the oven for _____ and me. (clap 4 times)

Behavior Chart: There is space to mark for 2 play periods each day. When the child finishes 1, place an X in the box. If he or she needed help, circle the X. Check column if other child is used.

	I	II	Other Child
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

SOCIAL 2: Playing hide-and-seek

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: SOCIAL (Visual Perception)

Basic Goal

_____ will play hide-and-seek
(child's name)

with each family member each day.

Steps and Procedures

1. Begin with _____ helping you seek another child.
2. Cover your eyes and _____'s eyes while you count to 10 slowly.
3. Tell another child to hide in an easy, obvious place until _____ learns to search.
4. If _____ doesn't find the other child soon, ask questions or make a point to give clues.
5. Reverse roles so that child must hide.

Behavior Chart: Mark an "X" in the appropriate box to indicate whether the child "hides" or "seeks". Also indicate the name of the other player in the "Who Plays" box.

	Hides	Seeks	Who Plays
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

SOCIAL 3: Naming family members

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: SOCIAL (Receptive and Expressive Language)

Basic Goal

_____ will identify each family (child's name)

member at dinner time.

Steps and Procedures

1. Ask "Where is Tommy?" Child should point to the person named.
2. If child doesn't point, pick up his or her hand and help.
3. Ask, "Who is this?"
4. If he doesn't respond quickly, ask "Is this Tommy?"
5. Encourage child to answer: "Yes - Tommy."

Behavior Chart: Indicate with an "X" if the child is able to point at the person named, to repeat the person's name, or to say the person's name without prompting.

	Points	Names Repeated	On His Own
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

SOCIAL 4: Playing catch

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: SOCIAL (Gross Motor)

Basic Goal

_____ will roll a ball in a game
(child's name)

of catch with 2 or more family members

at least 1 time each day.

Steps and Procedures

1. Sit on floor with legs spread -- but close to other people.
2. Place child on your lap and spread his/her legs.
3. Hold your hands over the child's and roll the ball.
4. Hold your hands over the child's to help catch the ball.

Behavior Chart Indicate the child's performance with a "yes" or "no" in each of the boxes below.

	Rolls With Help	Rolls No Help	Rolls to Person Named
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Materials Needed

Soft clutch ball.

Summary or Comments

Parent Recording Sheet

SOCIAL 5: Assigning a daily chore

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: SOCIAL (Self-help)

Basic Goal

Mom or Dad will establish and record chores given to each child each day.

Steps and Procedures

1. Choose chore you are certain child can do easily at first.
2. Involve the children in choosing the chores that are assigned. Or give a controlled choice; for example, "Do you want to empty the trash or clear the table?"
3. Each child must complete the chore assigned, even if you must walk him/her through it.

Behavior Chart: Name the chore assigned and circle it if help was given.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

SOCIAL 6: Playing a family game

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: SOCIAL

Basic Goal

_____ will sit at a table with
(child's name)

family members to play a game.

Steps and Procedures

1. Choose 1 game and use it each day (e.g., Lotto, Candy Land, etc.).
2. Establish clear rules the first time you play--i.e., how are turns decided, how do you know who wins, etc.
3. Keep game out of sight and reach until it is "game time". This will promote interest in and respect for the game.

Behavior Chart: Indicate whether or not the child needed help or was able to play on his/her own with a "yes" or "no". Indicate the length of time the game was played in minutes.

	Needed Help	Plays Alone	Time Period
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Materials Needed

Table game (e.g., Lotto, Candy Land)

Summary or Comments

Parent Recording Sheet

SOCIAL 7: Blowing a Ping-Pong ball

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: SOCIAL (Oral Motor)

Basic Goal

_____ will blow at a Ping-Pong
(child's name)

ball in playing a game with family

members.

Steps and Procedures

1. Blow at the child's hand.
2. Blow at the Ping-Pong ball.
3. Tell the child to blow the ball.
4. Use straws or rulers to make a road. Place 1 team or player on each side of the table with the "road".
5. Use a strip of tape to show the place each player can "blow" from.
6. Winner blows ball across and off table.

Behavior Chart: Indicate whether the child blows the ball and enjoys the game with a "yes" or "no".

	Blows Ball	Enjoys Game
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Ping-Pong ball, table, straws, ruler.

Summary or Comments

Parent Recording Sheet

SOCIAL 8: Matching pairs of shoes

Child's Name:_____ **Date Initiated:**_____

Teacher:_____ **Credit: Yes**____ **No**____

Developmental Area: SOCIAL (Visual Perception and Receptive Language)

Basic Goal

_____ will match pairs of shoes
(child's name)

of family members.

Steps and Procedures

1. Show child 2 matching shoes and say, for example, "Mommy's shoes."
2. Show child 2 of his/her own shoes and say "_____'s shoes."
(child's name)
3. Take one of each pair away.
4. Hold up 1 odd shoe (for example: Mommy's) and ask, "Where's Mommy's other show?"
5. Each family member places 1 shoe in the middle of the floor.
6. Point to the shoe on 1 person and tell _____ to find the other like it in the pile in the middle of the floor.
7. Place all shoes in the middle of the floor. Tell _____ to find Daddy's shoes, etc.

Behavior Chart: Indicate how the child performs with a "yes" or "no" in each box below (as appropriate).

	Needs Help	Finds Mate	Finds Pair
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Materials Needed

Pair of shoes from each family member.

Summary or Comments

Parent Recording Sheet

SOCIAL 9: Playing "Simon Says"

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: SOCIAL (Receptive Language)

Basic Goal

_____ will give and follow sign
(child's name)

directions for "Simon Says" game.

Steps and Procedures

1. Start with 2 signs-- "sit" and "stand".
2. Hold the child's hands to assist in the signing. If child does not imitate readily, demonstrate sign.
3. If child doesn't follow sign direction (i.e., to sit or to stand), move his/her body and praise the efforts.
4. Use these signs: sit, stand, jump, fall down, run, cry. See Hearing Impaired #7.

Behavior Chart: Name the sign and circle it if the child was given help.

	Follows sign	Gives sign
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

SOCIAL 10: Naming colors and objects

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: SOCIAL (Cognitive)

Basic Goal

_____ will take a turn in game
(child's name)

of naming a color and finding an object

of that color.

Steps and Procedures

1. Use colors the child seems to know.
2. Hold up a piece of paper of color named.
3. Start by naming a color. Say "This is Red." Then let the child watch others seek an object of the color named.
4. If the child has trouble, point to various objects and ask: "Is this blue? Is this one blue?" etc.

Behavior Chart: Indicate child's response with a "yes" or "no" in each column and name the color being worked on in each box. Circle color if help was needed; for example, (Blue).

	Finds Object and Color	Names Color
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Construction paper of desired colors, household objects.

Summary or Comments

Parent Recording Sheet

SOCIAL 11: Naming objects with brother or sister

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: SOCIAL (Receptive Language)

Basic Goal

_____ will find a household
(child's name)

object named by an older brother or

sister.

Steps and Procedures

1. Ask, "Where is the sink?"
2. If the child hesitates, point to several different objects and ask: "Is this the sink?"
3. Try to reverse roles if and when the child is able to name the objects asked about.

Behavior Chart: Note whether an object was found or named with a "yes" or "no" and, in parenthesis, name the object.

	Objects found	Objects named
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

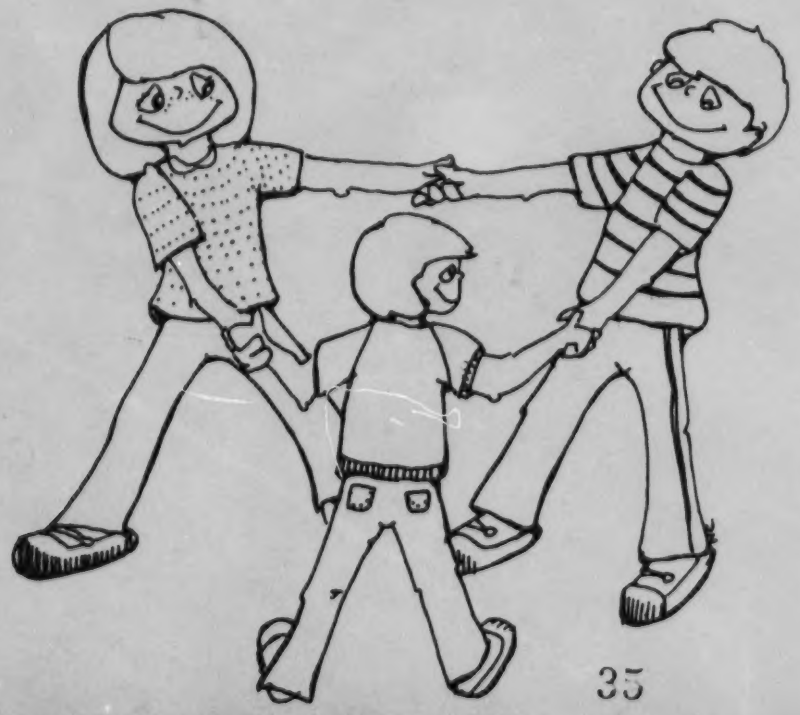
Materials Needed

Household objects.

Summary or Comments

REINFORCE CHILD'S ROLE IN FAMILY WITH THE FOLLOWING ACTIVITIES:

1. Playing ring-around-the-rosie with siblings
2. Encouraging the child to use the words sister, brother, aunt, uncle and cousin appropriately
3. Allowing him/her to help in planning the dinner menu
4. Asking him/her to empty trash daily
5. Allowing the child to get certain items from shelf while shopping with Mom/Dad
6. Encouraging the child to ask for help when needed
7. Reminding the child to say please and thank you
8. Encouraging the child to share by taking 1 item from a plate and then passing it on
9. Complimenting child twice daily
10. Asking the child each day at bedtime what made him or her happy



Parent Recording Sheet

EMOTIONAL 1: Playing ring-around-the-rosie with siblings

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Emotional, Social, Gross Motor

Basic Goal

_____ will hold hands and walk
(child's name)

in a circle with two or more family

members.

(Ring-around-the-Rosie)

Steps and Procedures

1. To begin:hold child's hands and gently pull him/her around as you say words:

   Ring Around the Rosie
   Pocket full of posies
   Ashes, Ashes we all fall down!

2. Do this 3 or 4 times in a row, twice daily.

3. Praise all of the child's actions and those words of the rhyme that the child repeats.

4. Add one more person each day to the ring.

5. For variation, move the circle very slowly or quickly.

Behavior Chart: Use a "yes" or "no" for column 1 and note the words that child repeats from the rhyme in column 2.

	Joins in Actions	Words Repeated
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

EMOTIONAL 2: Using names of relation (brother, sister, etc.

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Emotional (Child's role in family)

Basic Goal

_____ will describe family
(child's name)

members by relationship: i.e., sister,

brother, aunt, uncle, cousin.

Steps and Procedures

1. Gather family photos--if possible.
2. Begin with the immediate family: i.e., brother and sister.
3. Say, "Tommy is your brother." Ask, "Is Tommy your brother or sister?" (Use photos to help child answer questions.)
4. Expand to aunt, uncle, and cousin. Use question format presented above.
5. Draw a family picture. Diagram to show relationships. As each person in the picture or diagram is presented the child should respond with the relationship. For example: "_____ is my brother" (or sister, etc).

Behavior Chart: Name the relationship (aunt, uncle, etc.) you are working on and circle the name if the child needed help.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Materials Needed

Family photographs.

Summary or Comments

Parent Recording Sheet

EMOTIONAL 3: Planning the dinner menu

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Emotional (Self-help, Cognitive)

Basic Goal

_____ will help Mom or Dad
(child's name)

plan the dinner menu each day.

Steps and Procedures

1. Present child with several names of foods in each category (meat, vegetable, dessert).
2. Have the child choose 1 food from each category.
3. Discuss who likes which foods the best in your family.

Behavior Chart: If the child chooses 1 food from each category, mark "yes" in column 1. If child names a food from the choice you present, mark "yes" in column 2. If child is able to discuss who likes what foods, mark "yes" in column 3.

	Chooses 1 of food categories	Names food in category given	Discuss who likes what
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

EMOTIONAL 4: Emptying the trash

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Emotional (Self-help, Motor)

Basic Goal

_____ will empty the kitchen
(child's name)

trash 1 time each day.

Steps and Procedures

1. Determine when the trash should be emptied each day (e.g., after dinner).
2. If child refuses, say "I'll help you" and walk him/her through the activity.
3. Use gentle and positive reminders to encourage the routine: e.g., "I wonder if the trash has disappeared yet?"

Behavior Chart: Place an "X" in the appropriate column.

	Needs Help	Needs Reminder	No Help	No Reminder
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Materials Needed

Trash basket.

Summary or Comments

Parent Recording Sheet

EMOTIONAL 5: Helping shop

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Emotional

Basic Goal

_____ will find 1 item for Mom
(child's name)
or Dad in the grocery store, and choose 1 item as a treat. To develop cooperative behavior while shopping.

Steps and Procedures

1. Write a short list before you leave home.
2. Remind child--"Your job is to find _____ for Mommy (or Daddy)."
3. After the child finds the item, he or she may choose a treat.
4. Try to get to a store 2 days in a row to begin, then every other day.

Behavior Chart: Answer "yes" or "no" in each box.

	Item For Mom	Item For Self
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Short shopping list.

Summary or Comments

Parent Recording Sheet

EMOTIONAL 6: Asking for help

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Emotional

Basic Goal

_____ will ask for help when
(child's name)

it is needed.

Steps and Procedures

1. Whenever the child cries or tugs on Mom or Dad, ask "Do you need Help?"

   If the child doesn't answer, gently nod his or her head yes as you nod your head yes.

2. When the child nods yes freely, tell the youngster to say "Help me."

3. As soon as the child asks, give help so that there is immediate reinforcement.

Behavior Chart: Answer "yes" or "no" in the appropriate box.

	Answers Yes	Repeats Help Me	Asks for Help
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

EMOTIONAL 7: Saying please and thank you

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Emotional (Social)

Basic Goal

_____ will use please and thank you appropriately.
(child's name)

Steps and Procedures

1. Family members should make a point of using please and thank you with the child.
2. When the child asks for something, you repeat the question and add please. Then ask the child to repeat please along with the question.
3. Remind the child to say thank you. Say, "Tell _____ (whoever is responding to child's wishes) thank you." The thank you should come from the child before he or she is given the item.

Behavior Chart: Mark an "X" in the appropriate box for each word (please and thank you). Circle the "X" if help was given.

	Please	Thank You
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

EMOTIONAL 8: Sharing food items

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Emotional (Sharing)

Basic Goal

_____ will choose 1 food item
(child's name)

from a plate and then pass the plate to other family members.

Steps and Procedures

1. Place 1 cookie or candy on a plate.
2. Tell child he/she may take 1.
3. Place 2 cookies on a plate. Say, "I take 1 and you take 1."
4. Place 5 or 6 cookies on a plate. Say, "I take 1 and you take 1."
5. Place 5 or 6 cookies on a plate. Tell the child to take 1 and pass the plate to others in the room.

Behavior Chart: Place an "X" in the appropriate box.

	Needs Reminder	Shares Willingly
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Plate of finger snacks.

Summary or Comments

Parent Recording Sheet

EMOTIONAL 9: Complimenting the child

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Emotional

Basic Goal

_____ will receive 2 compliments
(child's name)

from Mom or Dad each day.

Steps and Procedures

1. Mom says: "I like the way you _____."
2. Mom says: "I know that you tried hard to _____."
3. Compliments should come immediately after a task or behavior is performed.
4. May be used with behavior reinforcement chart. (see Star Chart on next page)

Behavior Chart: Note compliment given and child's response. Use reverse of this sheet if additional space is needed.

	Compliments	Child's Response
Monday 1		
2		
Tuesday 1		
2		
Wednesday 1		
2		
Thursday 1		
2		
Friday 1		
2		
Saturday 1		
2		
Sunday 1		
2		

Materials Needed

Behavior chart, if desired.

Summary or Comments

_____'s
(child's name)

Directions: Award a star as described in the Parent Recording Sheets.

Desired Activities	Star Record

Starting Date _____

Parent Recording Sheet

EMOTIONAL 10: Telling what makes happy

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Emotional

Basic Goal

_____ will state at bedtime, 1
(child's name)

or more things that made him or her happy

today.

Steps and Procedures

1. Tell 1 thing that made you happy today. Then say to the child, "Now you tell me."
2. If the child doesn't respond, name 3 or 4 activities of the day. She asks after each, "Did this make you happy?"

Behavior Chart: Record items named and use an asterisk to indicate the use of prompting with reminders. Use an asterisk if it is an item inspired by parent reminders.

	Record "Happy" items named
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Materials Needed

None.

Summary or Comments

Cognitive

SUPPORT COGNITIVE DEVELOPMENT WITH THE FOLLOWING ACTIVITIES:

1. Playing peek-a-boo
2. Placing the disc in the slot
3. Pointing to body parts
4. Handing blocks (quantitative concepts)
5. Placing on and under
6. Naming and matching objects
7. Placing the ring on a finger
8. Counting objects
9. Identifying heavy and light
10. Matching and naming coins

Parent Recording Sheet

COGNITIVE 1: Playing peek-a-boo

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Cognitive (Social)

Basic Goal

_____ will play peek-a-boo with
(child's name)

Mom or family member.

Steps and Procedures

1. Place a light towel over the child's face--then pull it off quickly and say peek-a-boo.
2. Hold a towel over the child's face; then help child pull it down and say "peek-a-boo".
3. Hand the towel to the child and say, "Play peek-a-boo." If the child does not cover his or her face, give help.

Behavior Chart: Use an "X" to indicate the child has completed the activity. If help was given, circle the "X". In the second column, note the child's verbal responses.

	Completed	Verbal Response
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Small, light towel.

Summary or Comments

Parent Recording Sheet

COGNITIVE 2: Placing discs

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Cognitive (Fine Motor)

Basic Goal

_____ will place 1 disc in slot
(child's name)

when Mom or Dad says more. He or she will say more for each disc.

Steps and Procedures

1. Hand the child 1 disc. Hold his or her hand to help in lining up the disc with the slot in the peanut can lid.
2. Place the second disc on the table and tell the child, "Say more."
3. When the child learns to say "more", hold the disc and say "tell me 'more'."
4. When the child says "more", hand him or her the disc.

Behavior Chart: Places disc in slot.

	Help	No Help	Says more for disc
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Materials Needed

Small peanut can with plastic lid, 5 disc tops from frozen juice cans or smooth metal bottle tops. Cut a slot in the plastic lid slightly larger than disc or bottle top.

Summary or Comments

Parent Recording Sheet

COGNITIVE 3: Pointing to body parts

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Cognitive (Visual Perception)

Basic Goal

_____ will point to body parts
(child's name)

named on Mom, self, and doll.

Steps and Procedures

1. Point, as you say, "_____'s
(child's name)
eye," "_____ eye."
(doll's name)

2. Ask: "Where is your eye?"
"Mommy's eye? Doll's eye?"

3. Follow this procedure for the nose, mouth, ears, hair, hands, feet, arms, legs, tummy, and neck.

Behavior Chart: When the child points to the correct body part upon questioning, write in the name of that part in the appropriate column below.

	Self	Mom	Doll
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Materials Needed

Doll familiar to your child.

Summary or Comments

Parent Recording Sheet

COGNITIVE 4: Handing blocks

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Cognitive

Basic Goal

_____ will hand 1 of 3 blocks
(child's name)

on command (or place it on a paper).

Steps and Procedures

1. Hold up 1 block and say, "This is 1 block."
2. Put the block down and say: "Give me 1 block."
3. As soon as the child gives 1 block say "Thank you for 1 block."
4. Place 2 blocks on the paper and ask: "Give me 1 block." If the child starts to pick up a second block, place your hands over his or hers and say, "Thank you. I only needed 1 block" pointing to the first block.
5. When the child can give you 1 of 2 blocks, try 1 of 3 blocks.
6. Use different objects: e.g., nuts, bottle tops, sticks, etc.

Behavior Chart: When the child completes an activity, place an "X". Circle the "X" if help was given.

	Hands 1 block of 1	Hands 1 block of 2 or 3
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

3 one inch blocks (or nuts, bottle tops, sticks, etc.), piece of 9" by 12" paper.

Summary or Comments

Parent Recording Sheet

COGNITIVE 5: Placing on and under

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Cognitive (Gross Motor)

Basic Goal

_____ will place doll on or
(child's name)

under a chair on request.

Steps and Procedures

1. Places a doll on a chair. Say, "The doll is on the chair."
2. Then, take the doll from the chair, hand it to the child and say: "Put the doll on the chair." If the child does not, place your hand over his or hers and help. Say "Good, the doll is on the chair" as you help the child place it there.
3. Next, place the doll under the chair. Say, "The doll is under the chair."
4. Then take the doll from under the chair, hand it to the child and say: "Put the doll under the chair." If the child does not, place your hand over his or hers and help. Say, "Good, the doll is under the chair," as you help the child place it there.

Behavior Chart: Place an "X" in the appropriate column for each concept (on, under).
Note if help was given by circling the "X".

	ON	UNDER
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Doll, chair.

Summary or Comments

Parent Recording Sheet

COGNITIVE 6: Naming and matching objects

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Cognitive (Expressive Language)

Basic Goal

_____ will identify and name
(child's name)

objects that are the same.

Steps and Procedures

1. Place 2 of the following in a large plastic container: inch block, bottle top, raisin box, sea shell, pop stick.
2. Place 2 objects identical to the 2 in the bag in a row on the table.
3. Point to and name each.
4. Ask the child to repeat each name after you.
5. Then, hold an object up and say, "Find one that's the same."
6. Then ask, "What are they?"
7. If the child does not give the name, say the name. Then say, "You tell me."

Behavior Chart: Write in the name of the object being used in the appropriate column for each concept (matches, names). Circle the name if help was given.

	Matches	Names
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Large margarine container, two inch blocks, two bottle tops, two raisin boxes, two sea shells, two pop sticks.

Summary or Comments

Parent Recording Sheet

COGNITIVE 7: Placing ring on finger

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Cognitive (Fine Motor)

Basic Goal

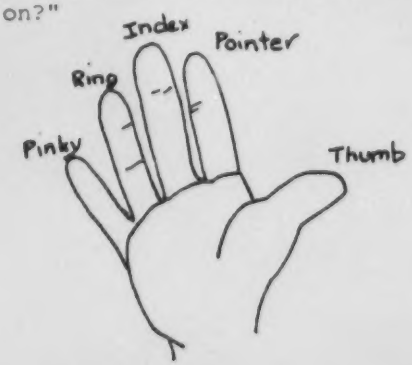
_____ will place ring on
(child's name)

finger named- and name finger ring

is on.

Steps and Procedures

1. Hold up your hand. Point to and name each finger.
2. Ask the child to repeat each name after you and point using his or her own hand.
3. Then say "Put the ring on the pinky." Do this for the other 4 digits.
4. The, place the ring on one of your fingers and ask, "Which finger is it on?"



Behavior Chart: Write in the name of the finger being used in the appropriate columns below. Circle the name if help was given.

	Places Ring	Names Finger
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Play rings.

Summary or Comments

Parent Recording Sheet

COGNITIVE 8: Counting objects

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Cognitive (Visual Perception)

Basic Goal

_____ will count the number of
(child's name)

an item named by parent in room designated.

Steps and Procedures

1. Say, "Lets count plants in this room." Walk around the room pointing to each plant and counting.
2. Then say "You count the number of chairs in the kitchen."
3. If the child hesitates or misses, count along with him or her and help the child point to each object.
4. When the child is confident, try another room. For example, say "Count the lights in your bedroom."

Behavior Chart: Fill in the name of the room being worked in, the item being counted, and the total number of items found. If help was needed, circle the number.

	Room	Item	Number
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Materials Needed

Household objects.

Summary or Comments

Parent Recording Sheet

COGNITIVE 9: Heavy or light

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Cognitive (Expressive Language)

Basic Goal

_____ will identify objects
(child's name)

as heavy or light.

Steps and Procedures

1. Place 1 heavy and 1 light object in front of the child. For example, a spoon and a 2 pound can.
2. Say: "The spoon is light." Hand it to the child. Then say: "The can is heavy." Hand it to the child.
3. Place 2 new objects in front of the youngster. Hand him/her 1 and ask, "Is it heavy? Or is it light?" Then repeat with the other object. (Child answers yes or no.)
4. Then ask, "Which is this, heavy or light?" The child must answer this question with either the word "heavy" or the word "light."
5. Find a new set of heavy and light objects for each day.

Behavior Chart: Place an "X" in the column when the child completes the activity. Circle the "X" if help was given.

	Answers Yes or No	Uses Words Heavy-Light
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Several sets of noticeable heavy and light objects.

Summary or Comments

Parent Recording Sheet

COGNITIVE 10: Matching and naming coins

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Cognitive (Visual Perception)

Basic Goal

_____ will match and name coins:
(child's name)

penny, nickel, dime, quarter, half-dollar.

Steps and Procedures

1. Place 1 penny and 1 quarter on the table. Point to each and say, "This is a _____ (penny or quarter)." Ask the child to repeat what you say about each coin (e.g., "This is a penny.").
2. Then hand the child a penny and say, "Find another one like this on the table."
3. Do the same with the quarter. Say, "Find another quarter."
4. Then say, "Give me a penny, then a quarter."
5. Then hold up a penny and ask, "What is this?" Do the same with quarter.
6. Add 1 new coin each day to this routine.

Behavior Chart: If the child is able to do the task designated, fill in the name(s) of the coin(s) used in the appropriate columns.

	Matches	Hands Named Coin	Names
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Materials Needed

Coins - penny, nickel, dime, quarter, half-dollar; small container such as matchbox.

Summary or Comments

Expressive Language

ENCOURAGE EXPRESSIVE LANGUAGE WITH THE FOLLOWING ACTIVITIES:

1. Saying "Hi" and "Bye"
2. Gesturing to mean "all gone"
3. Naming with a flashlight
4. Naming objects beginning with 'B'
5. Using rhymes
6. Imitating tongue movements
7. Answering "what" question
8. Telling about pictures

Parent Recording Sheet

EXPRESSIVE LANGUAGE 1: Saying "hi" and "bye"

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Expressive Language (Social)

Basic Goal

_____ will say "Hi" and "Bye"
(child's name)

or "Bye-Bye" to everyone who comes into

the house.

Steps and Procedures

1. When someone enters house, say "Hi." Then tell the child, "You say hi." To model for the youngster, exaggerate saying "Hi" close to child's face.

2. When someone is leaving the house, say "Bye-bye." Then tell the child, "You say bye-bye." Ask the person leaving to start saying "Bye-bye" close to the child. Have the person shake the child's hand and then wave while backing away.

Behavior Chart: Put an "X" in the appropriate column for each time the greeting is used. Circle the "X" if help was given.

	Hi	Bye-Bye
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

EXPRESSIVE LANGUAGE 2: Gesturing all gone

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Expressive Language

Basic Goal

_____ will gesture "all gone" appropriately (two times each day).
(child's name)

Steps and Procedures

1. On the first day, use food or drink to encourage the gesture of "all gone." (Use small amounts so there can be more opportunities for gesturing.) When all the food or drink is gone, say "All gone." Then say and gesture to the child: "You tell me 'all gone'."
2. If the child hesitates, pull his/her shoulders up. Then you gesture again.
3. Other occasions for using the gesture may include: taking blocks out of a bowl; watching birds fly away; etc.

Behavior Chart: Note whether the child needs for you to model the gesture or not by marking in the appropriate columns exactly what is "all gone."

		Needs to Imitate	Does by self
Monday	1		
	2		
Tuesday	1		
	2		
Wednesday	1		
	2		
Thursday	1		
	2		
Friday	1		
	2		
Saturday	1		
	2		
Sunday	1		
	2		

Materials Needed

Gesture "all-gone" (shoulders up, hands extended, palms up), food and drink.

Summary or Comments

Parent Recording Sheet

EXPRESSIVE LANGUAGE 3: Naming, with a flashlight

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Expressive Language (Receptive Language)

Basic Goal

_____ will shine light on an
(child's name)

object named and will name an object

you shine light on.

Steps and Procedures

1. Use a small flashlight with an easy switch in a semi-dark room. Say: "Find a chair." "Find the clock." etc.
2. Then say, "Tell me what I found." Or "Tell me what you found."

Behavior Chart: Note child's performance in each activity (finds, names) with an "X" in the appropriate column. Circle the "X" if help was given.

	Finds	Names
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Small flashlight, household objects, darkened room.

Summary or Comments

Parent Recording Sheet

EXPRESSIVE LANGUAGE 4: Naming objects

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Expressive Language (Cognitive)

Basic Goal

_____ will name objects as they
(child's name)

are presented.

Steps and Procedures

1. Gather objects--e.g., ball, bell, baby, banana--and place in a bag.
2. Place 1 object on a table and say, "This is a _____." Wait for the child to fill in the pause with the object's name. If he/she doesn't, say the name.
3. Ask the child to repeat the name.
4. Use this procedure for each object.
5. When the child knows the names, ask "What is this?" for each item.
6. For variety, allow the child to ask you the names while he or she holds up the items. Make errors often so the child can correct you.

Behavior Chart: Note the name of the object used.

	Repeats	Names
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Small objects which begin with letter 'B' (e.g., bell, ball, baby, box, button, bear, block); paper or fabric bag.

Summary or Comments

Parent Recording Sheet

EXPRESSIVE LANGUAGE 5: Rhymes

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Expressive Language (Cognitive)

Basic Goal

_____ will repeat the verses of
(child's name)

"The Indians are creeping" along with the finger play.

Steps and Procedures

1. Say 1 line and ask the child to repeat it. Use a soft voice.
2. Then, let your fingers move as indicated below each verse. Use 1 finger to the lips for "Shhh." Have the child do the same.
3. Repeat this procedure for each verse. Make an Indian head-band if it interests the child.

Verses:

1. The Indians are Creeping - Shhhhh! (Right fingers walk up your left arm - Fingers to lips.)
2. The Indians are Creeping - Shhhhh. (Left finger walk up right arm - Finger to lips.)
3. They do not make a sound. (Shake 1 finger in "no" motion.)
4. As their feet touch the ground - Shhh. (2 fingers stand on arm. 1 finger to lips.)

Behavior Chart: Describe the child's behavior as he or she responds to your recitation of the rhyme each day.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

EXPRESSIVE LANGUAGE 6: Imitating tongue moves

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Expressive Language (Oral Motor)

Basic Goal

_____ will imitate moving the
(child's name)

tongue from side-to-side, and use it to

make clicks and say la-la.

Steps and Procedures

1. Hold face about 10 inches from your child.
2. Demonstrate moving your tongue side-to-side and say to the child: "You try it."
3. Praise every effort the child makes to move the tongue.
4. Next, demonstrate "la-la." Tell the child: "Sing like this."
5. For tongue clicking, tell the child to watch how your tongue moves and to listen for a sound to come out. Then say: "Now you try it."
6. Repeat each movement twice daily.

Behavior Chart: Note with a "yes" or "no" if the child is able to perform the activity.

	side-to-side	clicks	la-la-la
Monday $\frac{1}{2}$			
Tuesday $\frac{1}{2}$			
Wednesday			
Thursday $\frac{1}{2}$			
Friday $\frac{1}{2}$			
Saturday $\frac{1}{2}$			
Sunday $\frac{1}{2}$			

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

EXPRESSIVE LANGUAGE 7: Answering "what" questions

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Expressive Language (Social)

Basic Goal

_____ will answer to "What is
(child's name)

_____ doing?"
(parent's or sibling's name)

Steps and Procedures

1. Ask "What am I doing?" when you are engaged in a common activity such as dish washing.
2. If the child hesitates, say "washing dishes." Then say, "Tell me, 'washing dishes'."
3. Choose different household activities of different family members.
4. Repeat twice daily with new action.

Behavior Chart: Name the action in each trial and circle it if help was given. Please record on back if more activities are used each day.

	Trial 1	Trial 2
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Household activities.

Summary or Comments

Parent Recording Sheet

EXPRESSIVE LANGUAGE 8: Telling about pictures

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Expressive Language (Visual Perception)

Basic Goal

_____ will find a different
(child's name)

picture each day to describe to parent.

Steps and Procedures

1. Give the child a magazine and ask him or her to find a picture to talk about.
2. Help the child cut it out.
3. Then say, "Tell me about it."
4. Keep pictures from each day to form a book, or put them on index cards in a file box.

Behavior Chart: Describe the picture and note key words used. Use the back of this sheet for more space.

	Picture	Words used
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Magazines or old picture books, child scissors, index cards, file box.

Summary or Comments

Receptive Language

ENCOURAGE RECEPTIVE LANGUAGE DEVELOPMENT WITH THE FOLLOWING ACTIVITIES:

1. Answering with gestures
2. Answering with a spotlight
3. Finding objects
4. Playing with shakers
5. Making animal sounds
6. Repeating sound patterns
7. Answering questions about animals
8. Answering "what if..."

Parent Recording Sheet

RECEPTIVE LANGUAGE 1: Answering with gestures

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Receptive Language

Basic Goal

_____ will raise arms up to
(child's name)

answer the question, "How big is _____?"

Steps and Procedures

1. Say, "How big is Mommy (or Daddy or whoever is asking the question)?" Hold up your arms and say: "So Big."
2. Then ask "How big is _____ (a sister, brother, etc)?" The child should answer "so big" and hold up his or her arms to show how big.
3. If the child doesn't hold arms up, you pull them up for the youngster and say: "So big."
4. Do 2 times each day.

Behavior Chart: Note the number of times you tried on each trial. Circle the number if help was given.

	Trial 1	Trial 2
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

RECEPTIVE LANGUAGE 2: Answering with a spotlight

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Receptive Language (Cognitive)

Basic Goal

_____ will use a flashlight
(child's name)

to find an object named.

Steps and Procedures

1. Use a small flashlight with an easy switch. Show the child how to play the game. Say, "I'm going to say a name and then shine the light on what I mean." Then say "foot" and shine the light on the child's foot. Then say, "Now you take the light and when I name an object, you shine the light on it."
2. Start with body parts, then objects close by (e.g., floor, ceiling, etc.)
3. When child can find object easily, give 2 objects such as "stove, sink."

Behavior Chart: Write in objects found.

	1 Object	2 Objects
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Flashlight, household objects.

Summary or Comments

Parent Recording Sheet

RECEPTIVE LANGUAGE 3: Finding objects

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Receptive Language (Visual Perception, Expressive Language)

Basic Goal

_____ will find object from
(child's name)

yard named by Mom, Dad, or sibling and

place it in a bag.

Steps and Procedures

1. Say: "Find a stick." Give the child a small shopping bag to carry objects.
2. After a few easy objects (if child has no difficulty) move to harder items: e.g., "Find 3 stones."
3. When the child has 5 or 6 objects, pull 1 out of the bag and ask: "What is this?"

Behavior Chart: List the objects "named" as indicated. Circle the objects if help was given.

	Objects found	Named
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Soft cloth bag and objects from yard.

Summary or Comments

Parent Recording Sheet

RECEPTIVE LANGUAGE 4: Playing with shakers

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Receptive Language

Basic Goal

_____ will sort shakers into
(child's name)

two categories: those which make noise

and those which don't make noise.

Steps and Procedures

1. Use film or candy containers (cardboard or plastic, 6 in all). Place beans in 3, keep 3 empty.
2. Shake 1 which makes noise. Then, "Does it make noise?" Answer if the child doesn't.
3. Ask the child to shake the same box. Then ask him or her: "Does it make noise?" Again, answer "yes" if child doesn't.
4. Now follow the same procedure with an empty container.
5. Tell the child, find all the ones that make noise.
6. Shake each one with the child if he/she needs the assistance.

Behavior Chart: Write in the number of each kind of container the child finds. Circle the number if help was given.

	Noisy	Empty
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Colorful interesting small containers from candy or 35mm film that can be tightly secured.

Summary or Comments

Parent Recording Sheet

RECEPTIVE LANGUAGE 5: Making animal sounds

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Receptive Language

Basic Goal

_____ will produce the sound
(child's name)

of the animal used.

Steps and Procedures

1. Name the animal and demonstrate the sound it makes. For example: "This is a cow-- Moooo."
2. Then name the animal and ask the child to repeat the sound it makes. For example: "How does a cow talk?"
3. Repeat this sequence for cow, horse, chick, and pig.
4. When the child seems comfortable with the sounds, ask: "What does a cow say?" "A horse?" "A chicken?" "A pig?"

Behavior Chart: Write in animal's name.

	Repeats Sound	Gives on Command
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

RECEPTIVE LANGUAGE 6: Repeating sound patterns

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Receptive Language

Basic Goal

_____ will imitate a sound
(child's name)

pattern made by Mom, Dad, or sibling.

Steps and Procedures

1. Use such actions as clapping hands, hitting table, hitting a can, clapping cymbals.
2. Start with 1 easy pattern: e.g., 2 short, or 3 long, or 1 long and 1 short.
3. Reverse roles when child imitates easily and understands long, short, loud, and soft.
4. If child doesn't imitate, hold his or her hands and help.

Behavior Chart: Note the sound pattern used in the appropriate column. If help was required show this with a check mark.

	Imitates	Reverses Role
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Cymbals, can, spoon, pot.

Summary or Comments

Parent Recording Sheet

RECEPTIVE LANGUAGE 7: Answering questions about animals

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Receptive Language (Cognitive)

Basic Goal

_____ will identify animals by
(child's name)

how they move: e.g., run, fly, or swim.

Steps and Procedures

1. Find 3 pictures each of mammals, fish, and birds with the child's help.
2. For each picture, say: "This is a _____ (name of animal), it _____ (runs, flies, or swims)." Have the child repeat the sentence.
3. Then ask: "What is this?" "How does it move?" for each picture. Help with answers, if necessary.
4. Ask the youngster to find all the animals that run. Then, all the animals that swim. Then, all the animals that fly.
5. Ask the child to name each animal in each category.
6. Find 1 new picture each day for each animal group (mammal, fish, bird).

Behavior Chart

Put an "X" in the appropriate boxes. Note when help is given by circling the "X".

		Run	Fly	Swim
Monday	sorts			
	names			
Tuesday	sorts			
	names			
Wednesday	sorts			
	names			
Thursday	sorts			
	names			
Friday	sorts			
	names			
Saturday	sorts			
	names			
Sunday	sorts			
	names			

Materials Needed

3 pictures of each of mammals, fish and birds.

Summary or Comments

Parent Recording Sheet

RECEPTIVE LANGUAGE 8: Answering "what if..."

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Receptive Language (Cognitive)

Basic Goal

_____ will answer the question:
(child's name)

"What happens if _____?"

Steps and Procedures

1. Use concrete, everyday ideas. For example: "What happens if the stove breaks?"
2. If the child gets stuck, use key questions to help: e.g., "Could I cook dinner?"

Behavior Chart: Use back of this sheet if more space is needed to write child's response.

	Question	Child's response
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

None.

Summary or Comments

Hearing Impaired

ENCOURAGE DEVELOPMENT OF THE HEARING IMPAIRED CHILD WITH THE FOLLOWING ACTIVITIES:

1. Imitating open ("ahh") and closed ("mmm") mouth sounds
2. Imitating cries and laugh
3. Responding to sign and voice requests
4. Signing more up
5. Signing yes or no
6. Signing drink or eat
7. Following and giving sign directions for sit, stand, jump, fall down
8. Signing boy or girl

Parent Recording Sheet

HEARING IMPAIRED
Imitating mouth sounds

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Expressive Language (Oral, Motor)

Basic Goal

_____ will imitate mouth-open
(child's name)

"ahh" sound and mouth-closed "mmm" sound.

Steps and Procedures

1. Demonstrate open mouth sound by saying "ahh" close to the child's face.
2. Point to the child and say "your turn - you do it."
3. Follow the same 2-step procedure for "mmm."

Behavior Chart: Place an "X" in the appropriate boxes.

	Imitates Open	Says Ahh	Imitates Closed	Says Mmm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

HEARING IMPAIRED
Imitating cries and laugh

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Expressive Language

Basic Goal

_____ will imitate a cry
(child's name)

and a laugh.

Steps and Procedures

1. Exaggerate a cry, wipes tears, etc.
2. Point to the child and say "You cry."
3. Follow the same procedure to teach "laugh."
4. Do 2 times each day.

Behavior Chart: Place an "X" in the appropriate boxes. Circle "X" is help was needed.

	Cry	Laugh
Monday $\frac{1}{2}$		
Tuesday $\frac{1}{2}$		
Wednesday $\frac{1}{2}$		
Thursday $\frac{1}{2}$		
Friday $\frac{1}{2}$		
Saturday $\frac{1}{2}$		
Sunday $\frac{1}{2}$		

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

HEARING IMPAIRED
Responding to sign and voice requests

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Receptive Language

Basic Goal

_____ will walk to and retrieve
(child's name)

the object named with sign and voice

(car, ball, doll).

Steps and Procedures

1. Hold an object close to the child's face and say its name and sign.
2. Place the object across the room from the child.
3. Tell the child, "Get the car (ball or doll)." Then make the sign for the object.
4. If the child doesn't move, take his or her hand and walk toward the object.
5. Follow this procedure for each object.
6. Then try 2 objects at the same time.
7. Next, try 3 objects at the same time.

Behavior Chart: Place an "X" in the appropriate box when the child retrieves the object. Circle the "X" if help was needed.

	Car	Ball	Doll
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Materials Needed

Three familiar objects. Refer to A Basic Course in Manual Communication. Published by the Communicative Skills Program, T.J. O'Rourke - Director. The National Association of the Deaf, pages 28 and 44, 1973.

Summary or Comments

Parent Recording Sheet

HEARING IMPAIRED
Signing more up

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Expressive Language

Basic Goal

_____ will sign "more up"
(child's name)

for gimmic pop up toy.

Steps and Procedures

1. Pop toy once.
2. Sign and speak "more up." Then pop the toy.
3. Say (sign) to the child - "Tell me 'more up'." Mold his or her hands if necessary.
4. Do 2 times each day.

Behavior Chart: Mark an "X" in the appropriate box when the child signs "more up."

		Help	No help
Monday	1/2		
Tuesday	1/2		
Wednesday	1/2		
Thursday	1/2		
Friday	1/2		
Saturday	1/2		
Sunday	1/2		

Materials Needed

Simple spring pop-up toy. Refer to A Basic Course in Manual Communication, p. 33.

Summary or Comments

Parent Recording Sheet

HEARING IMPAIRED
Signing yes or no

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Expressive Language (Cognitive)

Basic Goal

_____ will sign yes or no to
(child's name)

tell if each container makes a sound.

(Gestures may be used).

Steps and Procedures

1. Place 2 containers (e.g., plastic jugs) by child. One container should have rice in it, 1 should be empty.
2. Shake the noisy container. Ask the child: "Does it make noise?" (sign noise). If the wrong answer is given say: "Yes it makes noise."
3. Place 6 containers (3 empty and 3 with rice) before the child and ask for each container: "Does this one make noise?" The child must sign yes or no to each question.

Behavior Chart: Mark an "X" in the appropriate box when the child signs the appropriate response to your six questions.

	Help	No help
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Six "35 mm" film containers, rice or pebbles.

Summary or Comments

Parent Recording Sheet

HEARING IMPAIRED
Signing drink and eat

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Expressive Language (Cognitive)

Basic Goal

_____ will sign eat or drink
(child's name)

for appropriate pictures.

Steps and Procedures

1. Place 2 drinks and 2 chewable foods on the table (e.g., juice, soda, bread, cheese).
2. Hold up the juice (or first drink) and sign drink.
3. Hold up the bread (or first food) and sign eat.
4. Repeat the two steps for the other food and drink.
5. Collect 5 pictures of drinks and foods.
6. Sign drink and ask the child to point to a drink.
7. Then hold up 1 picture and ask the child to make the appropriate sign: eat or drink.

Behavior Chart: Place an "X" in any or all four boxes as appropriate. Circle the "X" if child needed help.

	EAT		DRINK	
	Points	Signs	Points	Signs
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Materials Needed

2 drinks, 2 chewable foods, 5 pictures of drinks and foods.
Refer to A Basic Course in Manual Communication, pages 38 and 61.

Summary or Comments

Parent Recording Sheet

HEARING IMPAIRED: Following and giving directions

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Receptive, Expressive Language

Basic Goal

_____ will follow directions
(child's name)

and give signs for sit, stand, jump,

fall down.

Steps and Procedures

1. Play with 2 or 3 family members.
2. Parent signs jump and points to a person who jumps. Then the parent signs jump to the child. If he or she hesitates, give help.
3. Follow the procedure for each action.
4. Then say: "Now you tell us." If the child hesitates, help him or her sign and you follow the direction.

Behavior Chart: Write the action in the appropriate box. Circle the action if the child required assistance.

	Follows Directions	Gives Signs Directions
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Sign sheets (see examples).

Summary or Comments

stand

cry

jump

sit

walk

drive

run

down

Parent Recording Sheet

HEARING IMPAIRED
Signing boy and girl

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Expressive Language (Cognitive)

Basic Goal

_____ will sign boy or girl
(child's name)

for appropriate picture.

Steps and Procedures

1. Collect 5 pictures of each sex.
2. Place 1 girl picture in front of the child and sign girl. Then help the child sign girl.
3. Follow the procedure with a picture of a boy.
4. The, place 2 pictures before the child and point to one. Ask the child to indicate the gender of the one you are pointing to by signing girl or boy. Give answer in sign to help.
5. When child can do all sets of 2 (boy and child), place all 5 pictures out at once. Tell the child, find all the girls, then all the boys.

Behavior Chart: Put an "X" in the appropriate box to indicate that he or she gave the correct sign for boy/girl.

	BOY		GIRL	
	Help	No help	Help	No help
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Materials Needed

5 pictures of each sex. Refer to A Basic Course in Manual Communication, page 21.

Summary or Comments

Gross Motor

ENCOURAGE GROSS MOTOR DEVELOPMENT WITH THE FOLLOWING ACTIVITIES:

1. Crawling for toys
2. Pushing sticks into play dough
3. Throwing a soft ball
4. Imitating actions
5. Walking a path
6. Jumping on colors
7. Walking on obstacle course

Parent Recording Sheet

GROSS MOTOR 1: Crawling for toys

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Gross Motor (Receptive Language)

Basic Goal

_____ will crawl to retrieve
(child's name)

a large push car.

Steps and Procedures

1. Say: "See the car." Allow the child to examine it.
2. Push the car away about 3 feet. Say: "Get the car." If the child doesn't move toward the car, gently coax and push the youngster. Then say, "You got the car."
3. Next, push the car farther away, so the child must crawl farther.

Behavior Chart: Write in how many feet the child had to crawl.

	Help	No help
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Large push car.

Summary or Comments

Parent Recording Sheet

GROSS MOTOR 2: Pushing sticks into play dough

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Gross Motor (Receptive Language)

Basic Goal

_____ will push sticks into a
(child's name)

lump of play dough and then pull them

out.

Steps and Procedures

1. Use 5 sticks and home-made play dough.
2. Push 1 stick into the dough. Then tell the child: "you push in the rest of the sticks." Hand the sticks to him or her 1 at a time. If the child hesitates, place your hand over his or hers and push.
3. Then say, "Now pull them out."
4. Next, vary the directions: tell the child to put some in, to take others out, etc.

Behavior Chart: Place an "X" in the appropriate boxes.

	Pushed in		Pulls out	
	Help	No help	Help	No help
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Materials Needed

Play dough (recipe in fine motor section #3).

Summary or Comments

Parent Recording Sheet

GROSS MOTOR 3: Throwing a soft ball

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Gross Motor

Basic Goal

_____ will throw a soft ball
(child's name)

into a big arm chair.

Steps and Procedures

1. Place your hand over the child's and go through the motion of throwing the ball into the chair. Start 3 inches or so from the chair.
2. When the child starts to do the action on his or her own, stop helping.
3. Increase the distance as the child's skill increases.
4. Allow three trials each time this activity is done. Do the activity twice daily.

Behavior Chart: Note the number of trials. Circle the number if help was given.

	3 inches	1½ feet	3 feet
Monday	1 / 2		
Tuesday	1 / 2		
Wednesday	1 / 2		
Thursday	1 / 2		
Friday	1 / 2		
Saturday	1 / 2		
Sunday	1 / 2		

Materials Needed

Soft clutch ball.

Summary or Comments

Parent Recording Sheet

GROSS MOTOR 4: Imitating action

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**_____ **No**_____

Developmental Area: Gross Motor (Social)

Basic Goal

_____ will imitate and
(child's name)

demonstrate actions for "Everybody Do This."

Steps and Procedures

1. Parent and siblings stand in a circle.
2. One person stands in middle and performs an action, all must imitate while singing:

   "Everybody do this, do this, do this. Everybody do this just like me."
3. If child doesn't imitate the action, give assistance.
4. Allow the child a turn as leader as soon as he or she seems ready.

Behavior Chart: Write in the action and circle it if help was given.

	Imitates	Demonstrates
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

GROSS MOTOR 5: Walking a path

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Gross Motor

Basic Goal

_____ will walk between 2
(child's name)

pieces of tape on the floor.

Steps and Procedures

1. Place 2 strips of tape on the floor, 1 foot apart and 6 feet long.
2. Walk between tape strips to demonstrate.
3. Have the child walk between the strips. If child has trouble, walk behind and guide him or her with your hands on the child's shoulders.
4. When the child walks this path without stepping on or outside the strips, change the tape to a 5" width.

Behavior Chart: Note the number of times child steps outside of strips. Circle the number if help was given.

	1 foot	5 feet
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

2 strips of 6 foot masking tape.

Summary or Comments

Parent Recording Sheet

GROSS MOTOR 6: Jumping on colors

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Gross Motor (Cognitive)

Basic Goal

_____ will jump onto the paper
(child's name)

of the color named: red, yellow, blue,

green, orange.

Steps and Procedures

1. Place one 9X12 inch paper of each color on the floor.
2. Name each color, and ask the child to repeat the name.
3. If the child does not know colors very well, you should hold up a sheet of paper that is the color of the paper he or she is to jump on as you say the name of the color.
4. If the child is unsteady, begin by saying: "Step onto the (color) paper." Once this is routine, move to "Jump on the paper."

*This activity works well with a bean bag. Simply say: "Toss the bag on the _____ (color) paper."

Behavior Chart: Write in the number of trials. Circle the number if help was given by held up colored paper.

	Steps	Jumps
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Colored construction paper (red, yellow, blue, green and orange).

Summary or Comments

Parent Recording Sheet

GROSS MOTOR 7: Walking an obstacle course

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ___ **No** ___

Developmental Area: Gross Motor (Cognitive)

Basic Goal

_____ will follow the obstacle course set up by parent or sibling.
(child's name)

Steps and Procedures

1. Begin with 3 easy actions: e.g., step over a paper, crawl under a table, sit on a chair.
2. The next day, change to a new set of 3 actions.
3. The 3rd day, begin with 4 actions. When the child is doing well with 4, move to 5.
4. Reverse roles, so that child leads you through a course he or she creates.

Behavior Chart: Write actions required.

	Help	No help
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Newspaper, table, chair, other household objects.

Summary or Comments

Fine Motor

ENCOURAGE FINE MOTOR DEVELOPMENT WITH THE FOLLOWING ACTIVITIES:

1. Using clothes pins
2. Raking with fingers
3. Manipulating play dough
4. Tearing and wadding and stuffing
5. Drawing circles

Parent Recording Sheet

FINE MOTOR 1: Using clothes pins

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Fine Motor (Cognitive)

Basic Goal

_____ will pull clothes pins
(child's name)

off and place on edge of container.

Steps and Procedures

1. Place clothes pins around the edge of a container. Tell the child to pull them off and place in the container. Hold your hand over the child's if help is needed.
2. Next, place the clothes pins all over the child's clothing.
3. Tell the child: "Pull pins off the arms (or shoulders or shirt or pants, etc.)."

Safety note: Avoid containers with sharp rims. A plastic or rubber pail with a thick and soft rim is ideal for this activity.

Behavior Chart: Write in number of pins. Circle number if help was given.

	Container	Clothing
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Clothes pins, coffee can or large margarine containers.

Summary or Comments

Parent Recording Sheet

FINE MOTOR 2: Raking with fingers

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Fine Motor

Basic Goal

_____ will rake with fingers
(child's name)

to gather cereal or pebbles.

Steps and Procedures

1. Scatter objects, such as cereal or bread, on a table.
2. Demonstrate the motion needed in raking the object. Make sure fingers are doing the work--not the palms.
3. When the child's turn comes, start with 1 object. Place it far enough away so that fingers must be used to obtain it. When the child has the idea, use several objects.
4. Use this procedure 3 times per day.

Safety Note: If the child tends to eat all tiny objects, use only food.

Behavior Chart: Note number of objects used and indicate whether the child "raked" with fingers.

	Trail I	Trail II	Trail III
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Materials Needed

Cereal, pebbles, raisins.

Summary or Comments

Parent Recording Sheet

FINE MOTOR 3: Manipulating play dough

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Fine Motor (Social)

Basic Goal

_____ will manipulate play
(child's name)

dough 1 time each day.

Steps and Procedures

1. Use home made dough: see recipe below. Sit the child in an assigned place each session: e.g., a high chair.

2. Try the following manipulations: squeeze, pat, roll, poke holes. Suggest making "play" cookies, pizza. Encourage the youngster to place straws in dough, print in it with his or her hands, fingers, elbow. Use play dishes and a plastic knife to further stimulate the child's imagination and interest.

Recipe for play dough:
- 4 cups flour
- 1 cup of salt
- 8 tbs. salad oil
- 7-8 tbs. water (usually needs more)
- food coloring
- add more water if necessary while mixing
- keep in air-tight container

Behavior Chart: Use the reverse of this sheet if more space is required.

	Describe Activities	Time Spent
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Play dough.

Summary or Comments

Parent Recording Sheet

FINE MOTOR 4: Tearing and wadding and stuffing

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Fine Motor

Basic Goal

_____ will tear up a newspaper, (child's name)

form it into balls, and stuff them into

a bag.

Steps and Procedures

1. Demonstrate tearing up 1 piece of paper, rolling the shreds into a ball, and placing it in a bag.
2. Instruct the child to do the same with the remaining sheets of paper.
3. Join in if the child needs help or tires easily.
4. Use a small bag at first, then go to a larger bag.
5. For Fun: Tie the bag and paint a face on it.

Behavior Chart: Place an "X" in the appropriate boxes. If help was given, circle the "X".

	Tear	Ball	Stuff Bag
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Materials Needed

Newspaper, paper bag.

Summary or Comments

Parent Recording Sheet

FINE MOTOR 5: Drawing circles

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Fine Motor (Cognitive)

Basic Goal

_____ will draw a circle on
(child's name)

command, with no breaks in the line.

Steps and Procedures

1. As you demonstrate drawing, say: "I draw a circle. See, around and stop."
2. Hold the child's hand and draw as you say: "Around and stop."
3. Then, encourage the child to draw the circle as you say: "Around and stop."
4. Then, let the child draw the circle with no verbal guidance.

Behavior Chart: Place an "X" in the appropriate boxes. If the child needed help, circle the "X."

	With words	No words
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Large child-crayon, paper.

Summary or Comments

Self Help

ENCOURAGE DEVELOPMENT OF SELF-HELP SKILLS WITH THE FOLLOWING ACTIVITIES:

1. Using a spoon with assistance
2. Washing hands
3. Pulling up socks
4. Sitting on the potty
5. Pouring drinks
6. Choosing toys for play
7. Picking up clothes
8. Clearing the table

Parent Recording Sheet

SELF-HELP 1: Using a spoon

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Self-help (Spooning)

Basic Goal

_____ will feed self with a
(child's name)

spoon by grasping parent's fingers

which are clamped onto spoon.

Steps and Procedures

1. Place the handle of a spoon between 2 of your fingers.
2. Have the child put his or her whole hand over your 2 fingers.
3. Scoop some food and bring it to the child's mouth.
4. Praise the child for feeding himself or herself.
5. If the child lets go of your fingers, stop feeding. Let the child rest, and then start again.

Behavior Chart: Comment on strength and placement of child's grasp and whether or not he or she continued to hold onto your fingers.

	Parent's Action	Child's Action
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Spoon, sticky cereal

Summary or Comments

Parent Recording Sheet

SELF-HELP 2: Washing hands

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Self-help

Basic Goal

_____ will wash own hands
(child's name)

2 times each day.

Steps and Procedures

1. Demonstrate how you wash your hands.
2. Then, so the child can reach the sink, provide a step stool. Tell the child: "Now, you wash your hands."
3. Then demonstrate how to dry hands--showing the child which towel to use and how to keep the towel from coming off the rack.

Behavior Chart: Indicate with an "X" when the child completes each activity. Circle the "X" if help was needed.

		Wash	Dry
Monday	1/2		
Tuesday	1/2		
Wednesday	1/2		
Thursday	1/2		
Friday	1/2		
Saturday	1/2		
Sunday	1/2		

Materials Needed

Soap and water, sink, towel.

Summary or Comments

Parent Recording Sheet

SELF-HELP 3: Pulling up socks

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Self-help (Fine Motor)

Basic Goal

_____ will pull up his or her
(child's name)

own socks each day.

Steps and Procedures

1. Give child an old, large sock. Say: "Put on Daddy's sock."
2. Place the sock on the child's toe; help the child grasp and pull it up.
3. Then, the same with the child's own sock. Hand the youngster the sock and say, "Put on your sock."
4. Give less help as the child is able to do more.

Behavior Chart: When the child completes each step, indicate with an "X". Circle the "X" if help was required.

	Large Sock	Own Sock
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Socks (large pair and child pair).

Summary or Comments

Parent Recording Sheet

SELF-HELP 4: Sitting on the potty

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Self-help (Potty training)

Basic Goal

_____ will wear pants each day.
(child's name)

Steps and Procedures

1. Buy new pants for the child. Allow the youngster to choose them to stimulate interest.
2. Then emphasize: "Tell Mommy (or Daddy) when you need the potty to keep your pants dry."
3. Also, set the timer for every 30 minutes. Tell the child when the bell rings: "It's time to try the potty."
4. Reward each cooperative reponse to try. Appropriate reinforcement may include: treats, favored activity or verbal praise.

Behavior Chart: Write in longest number of hours dry each day. Comment on difficulties or problems.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Materials Needed

Timer, bell, new under pants.

Summary or Comments

Parent Recording Sheet

SELF-HELP 5: Pouring drinks

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Self-help (Visual Perception)

Basic Goal

_____ will pour own drink.
(child's name)

Steps and Procedures

1. Provide a small, handy pitcher with a snap top.
2. Demonstrate for the child how to steady a glass with the left hand and pour from the pitcher with the right.
3. Because the child may spill, have a sponge ready for cleaning up. Just say "Let's clean up and try again."
4. The child must pour twice each day.

Behavior Chart: When the child completes the pouring, place an "X" in the appropriate box. Circle the "X" if help was given.

	I	II
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Small pitcher with snap top, small plastic glass, sponge.

Summary or Comments

Parent Recording Sheet

SELF-HELP 6: Choosing toys for play

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Self-help (Social)

Basic Goal

_____ will choose 10 toys
(child's name)

to be placed on a shelf (rest to be

put away until choice next week).

Steps and Procedures

1. Explain to the child that 10 toys may be kept out for play for the week. Then ask the youngster to choose those he or she wants to keep out.

2. The child should help you place the toys. You should emphasize: "This is where they go when you are not playing."

3. The next week, have the child choose 10 more toys and help you put them on the shelf or in a box.

Behavior Chart: Write in the names of the toys (use back if more space is needed). Circle names of toys that the child needed help in playing with or picking up.

	Plays with Interest	Picks up
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Child's collection of toys.

Summary or Comments

Parent Recording Sheet

SELF-HELP 7: Picking up clothes

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Self-help (Motor)

Basic Goal

_____ will pick up own clothing
(child's name)

at the end of each day.

Steps and Procedures

1. First day, help the child locate and hang up all of his or her clothes.
2. Clearly set up hooks, shelves, or hangers for the appropriate clothing. (Only use hangers if child can handle them easily.)
3. Use a star chart on which the child receives a star for each piece of clothing picked up.

Behavior Chart: Name clothes picked up and circle those articles which required reminders.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Materials Needed

Star chart (on following page), hooks, shelves or hangers.

Summary or Comments

Parent Recording Sheet

SELF-HELP 8: Clearing the table

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Self-help (Gross Motor)

Basic Goal

_____ will clear own place
(child's name)

from dinner each evening.

Steps and Procedures

1. First night, ehlp the child stack dishes and tell him or her where to place the pile.
2. Use star chart on which the child receives a star for each piece of dinnerware returned to the designated place.

Behavior Chart : Note which pieces were cleared and circle piece that required parental reminders.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Materials Needed

Star chart.

Summary or Comments

Tactile

ENCOURAGE DEVELOPMENT OF THE TACTILE SENSE WITH THE FOLLOWING ACTIVITIES:

1. Filling a cup with rice
2. Playing with cornstarch
3. Identifying objects through touching
4. Identifying heavy and light
5. Finding rough and smooth

Parent Recording Sheet

TACTILE 1: Filling a cup with rice

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**___ **No**___

Developmental Area: Tactile (Fine Motor)

Basic Goal

_____ will scoop rice (or beans) with hand to fill a container.
(child's name)

Steps and Procedures

1. Place rice (or beans) in a wash basin.
2. Take several scoops with your hand and place in a can.* Then ask the child to do the same. If the youngster stops, join in and say: "My turn." After you scoop, say: "Your turn."
3. Once the child has the idea, tell him or her: "Scoop the rest of the rice into the can."

*Safety Note: Use can with no sharp edges.

Behavior Chart: Put an "X" in the appropriate column.

	Scoops some	Scoops all
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Rice, beans, open-flat container.

Summary or Comments

Parent Recording Sheet

TACTILE 2: Playing with cornstarch

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Tactile (Fine Motor)

Basic Goal

_____ will manipulate
(child's name)

cornstarch mixture.

Steps and Procedures

1. Mix cornstarch, water and food color in a wash basin, until the texture is silky smooth.
2. Ask the child to help mix in more color.
3. If the child is reluctant to get his or her hands into the mixture, give him or her a large spoon or spatula to use.
4. Have the child perform several actions which allow him or her to get the "feeling" of the mixture's texture. For example: swish, smooth, pour it into pitchers.

Behavior Chart : Note amount of time spent with this activity.

	Alone	With person
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Cornstarch, water, food color, wash basin, large spoon or spatula.

Summary or Comments

Parent Recording Sheet

TACTILE 3: Identifying objects through touching

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Tactile (Expressive Language)

Basic Goal

_____ will identify objects by touch--found in a "Feelie Box."
(child's name)

Steps and Procedures

1. Make a Feelie Box with a carton or shoe box. It should have 2 holes on top that the child can put his or her hands through.
2. Place objects from around the house (ball, comb, doll, brush, belt, etc) in the box.
3. If the child is very young or fears failure, place all objects out on the table and name them as the child touches them before you place them in the box.
4. Then place 5 objects in the box. Tell the child, "Find one thing in the box and tell me what it is with no peeking."
5. After the child names the object, he or she can lift it out. Then repeat steps 4 and 5 for the other objects in the box.

Behavior Chart: Write names of objects identified. Cirle names if help was required.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Materials Needed

Large solid box with holes cut in each end (can be wrapped like a gift), small objects from the child's environment.

Summary or Comments

Parent Recording Sheet

TACTILE 4: Identifying heavy and light

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Tactile (Cognitive)

Basic Goal

_____ will locate 2 heavy and
(child's name)

2 light objects each day.

Steps and Procedures

1. Place 1 heavy and 1 light object (as models) before the child.
2. Hold up the heavy item and hand it to the youngster. Say: "This is heavy." Then ask, "Is it heavy or light?"
3. Follow the same procedure with the light object.
4. Then, tell the child: "Find a heavy thing like the sample." (You may name the sample.)
5. Next, say: "Now find a light thing like the sample."

Behavior Chart: Write names of objects found, and circle the names if help was given.

	Heavy	Light
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

2 heavy and 2 light objects (stones-rock, small-large cans of food).

Summary or Comments

Parent Recording Sheet

TACTILE 5: Finding rough and smooth

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Tactile (Cognitive)

Basic Goal

_____ will locate 2 rough
(child's name)

surfaces and 2 smooth surfaces each day.

Steps and Procedures

1. Find 1 sample of a rough and 1 sample of a smooth item: e.g., sandpaper and satin.
2. Touch the sandpaper. Say, "This is rough and scratchy. You touch it."
3. Say "Let's find more rough and scratchy things."
4. Repeat this procedure for smooth objects.
5. Suggestion: Save all items and make a grab bag.

Behavior Chart: Note the name of the item found, and circle it if the child needed help.

	Smooth	Rough
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Sand paper and satin.

Summary or Comments

Visual Perception

SUPPORT DEVELOPMENT OF VISUAL PERCEPTION WITH THE FOLLOWING ACTIVITIES:

1. Turning to see
2. Pairing socks
3. Seeing traffic light colors
4. Knowing what's missing
5. Matching samples
6. Recreating patterns

Parent Recording Sheet

VISUAL PERCEPTION 1: Turning to see

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Visual Perception

Basic Goal

Place a brightly colored toy on 1 side

in _____ crib, and move it
(child's name)

to the opposite side after 5 minutes.

Steps and Procedures

1. After you have placed the toy, encourage the child to look at it. For example: "Joie, see the car." "Where's the car?"
2. Try 3 different times during the day.
3. Use play pen as well as crib.

Behavior Chart

: Note number of trials and the number of times the item was found.

	Number of times placed	Object found
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Brightly colored toy, crib-play pen.

Summary or Comments

Parent Recording Sheet

VISUAL PERCEPTION 2: Pairing socks

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Visual Perception (Cognitive, Fine Motor)

Basic Goal

_____ will pair socks from (child's name)

family laundry. (Also, have child pair

shoes, silverware and gloves.)

Steps and Procedures

1. Lay out 1 pair of socks. Say, "See, two are the same." Then place one inside the other or fold.
2. Lay out 2 more socks, and tell the child: "You fix the pair."
3. Lay out all socks on a table. Tell the child: "Find all the pairs. (Work with six pairs of socks at a time.)
4. If the child can't find 1 to match, help him or her by holding up all the unmatched socks 1 at a time and asking: "This one?"

Behavior Chart : Note number of items matched and what the items were. Circle number if help was given.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Materials Needed

Socks from family laundry.

Summary or Comments

Parent Recording Sheet

VISUAL PERCEPTION 3: Seeing traffic light colors

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Visual Perception (Cognitive, Expressive Language)

Basic Goal

_____ will tell mom or dad
(child's name)

when traffic light turns green to go,

or red for stop.

Steps and Procedures

1. When walking and you see a red light, say: "Red light, stop." Then say, "Tell me when green comes, then we can go."
2. If the child's attention drifts, keep asking, "Is it green yet?"
3. If the child doesn't see the green, when it comes, say: "There it is. Tell me green."
4. Next, play the game while driving.

Behavior Chart: When the child recognizes the lights, place an "X" in the appropriate box. Circle the "X" if help was given.

	Green	Red
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

None.

Summary or Comments

Parent Recording Sheet

VISUAL PERCEPTION 4: Knowing what's missing

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Visual Perception (Cognitive)

Basic Goal

_____ will tell mom or dad
(child's name)

which of 5 objects is missing.

Steps and Procedures

1. Place 5 familiar objects on a table.
2. Point to and name each for the child.
3. Ask the child to repeat each name after you say it.
4. Tell child: "Cover your eyes and 1 object will hide."
5. When the child uncovers his or her eyes and if he or she hesitates, point to the empty space and then name the 4 objects left. Point back to the empty space and ask, "What was here?"
6. When the child can name 1 missing object, take 2 away.

Behavior Chart: Name all objects used. Under "1" note the object removed. Under 2 note the second object removed. Circle the object if help was needed

	Objects Used	1	2
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Materials Needed

5 familiar objects.

Summary or Comments

Parent Recording Sheet

VISUAL PERCEPTION 5: Matching samples

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Visual Perception

Basic Goal

_____ will match samples of (child's name)

formica. (Formica may be obtained from a sample board at a hardware store. Wallpaper samples may also be used.)

Steps and Procedures

1. Use 5 sets (of 2 samples that are available) at first.
2. On day 2, change to a different 5 sets.
3. Combine sets from first and second day so that there are 10 sets for the child to deal with on the third day.
4. On the fourth day, begin with 5 new sets.
5. On the fifth day, change to another 5 new sets.
6. On the sixth day, combine the sets from the fourth and fifth days.
7. On the seventh day, try all 20 sets together.

Behavior Chart: Write the number of sets used. Circle the number if the child needed help.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Materials Needed

Carpet samples, formica samples, and/or wall paper samples. Try your hardware store.

Summary or Comments

Parent Recording Sheet

VISUAL PERCEPTION 6: Recreating patterns

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Visual Perception

Basic Goal

_____ will imitate design
(child's name)

made of sticks and beans.

Steps and Procedures

1. Make a simple pattern with the sticks and beans. Then say to the child, "See mine." Point to it.
2. Then say: "Now you make one just like mine." Let the youngster copy yours.
3. Make a new pattern. Say to the child: Take a good look and try to remember." Count to 10 slowly, then cover it.
4. Say to the child: "Now you make the pattern I just covered."

Behavior Chart: Draw in the samples and put a check by them if the child needed help from you.

	With visual	From memory
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

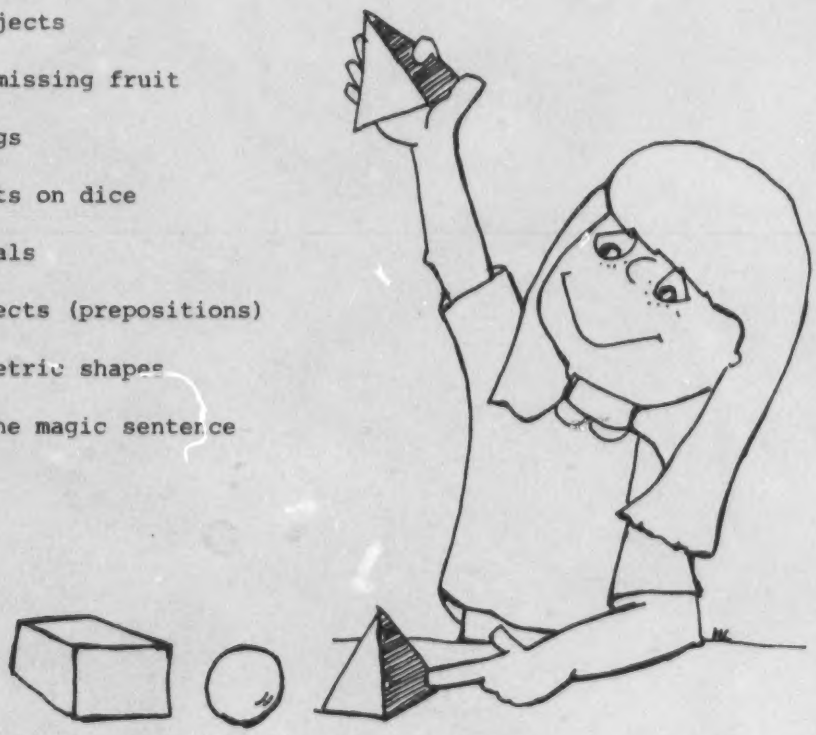
Popsicle sticks, beans.

Summary or Comments

Visually Impaired

ENCOURAGE DEVELOPMENT OF THE VISUALLY IMPAIRED CHILD WITH THE FOLLOWING ACTIVITIES:

1. Nesting cans
2. Imitating sound patterns
3. Matching objects
4. Naming parts of toy animals
5. Sorting bristle blocks
6. Identifying "b bag" objects
7. Counting objects
8. Naming the missing fruit
9. Removing pegs
10. Counting dots on dice
11. Naming animals
12. Placing objects (prepositions)
13. Naming geometric shapes
14. Repeating the magic sentence



Parent Recording Sheet

VISUALLY IMPAIRED 1: Nesting cans

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Cognitive

Basic Goal

_____ will nest a set of cans
(child's name)

of 5 different sizes.

Steps and Procedures

1. Begin with cans nested inside each other. Hold you hand over the child's to remove center can. Remove all the cans, 1 by 1.
2. Have the child hold the base can (the largest) with his or her left hand and replace the other cans in the correct order with the right hand.
3. Place the nested cans - bottom side up. Guide the child's hands to remove the largest, next largest, etc. As the child removes the cans, have him or her stack them nested bottom up.
4. Now have the child steady the base can with his or her right hand and nest with the left.

Safety Note: Eliminate rough edges of can with can opener.

Behavior Chart: When the child completes the activity, place an "X" in the appropriate box. Circle the "X" if help was required.

	Unstack	Stack
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Metal cans (tomato sauces, vegetable, fruits).

Summary or Comments

Parent Recording Sheet

VISUALLY IMPAIRED 2: Imitating sound patterns

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Auditory Perception

Basic Goal

_____ will imitate sounds
(child's name)

made by parent with cymbals or spoon

and can.

Steps and Procedures

1. Start with a pattern which used 1 to 5 taps. Ask the child to imitate. If the child has trouble, hold his or her hands and help.
2. Count taps aloud if verbal help is needed. Once the child can reproduce a series of taps, use a loud and soft pattern, e.g., 1 loud, 2 soft.

Behavior Chart: Place an "X" in the appropriate box when the child repeats a pattern. Circle the "X" if help was given.

	Taps 1 to 5	Loud and soft
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Cymbals, spoon, can.

Summary or Comments

Parent Recording Sheet

VISUALLY IMPAIRED 3: Matching objects

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Cognitive

Basic Goal

_____ will match objects that
(child's name)

are the same.

Steps and Procedures

1. Split 5-6 identical objects between 2 bags. The spoon, ball, dog biscuit, comb, etc.
2. Have the child pull 1 object from 1 bag and place it on the table. If he or she can't name it, help him or her.
3. Then have the child feel inside the other bag to locate the identical object.

Behavior Chart: Place an "X" in the appropriate box when the child completes the activity. Circle the "X" if help was given.

	Objects matched	Objects named
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Sets of household objects, 2 bags or 2 containers.

Summary or Comments

Parent Recording Sheet

VISUALLY IMPAIRED 4: Naming parts of toy animals

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Cognitive

Basic Goal

_____ will identify a large
(child's name)

rubber animal and its parts. Use an

elephant, lion, giraffe and hippo.

Steps and Procedures

1. Hold your hand over the child's and help in exploring the animal and its parts (ears, tail, legs, head, etc.).
2. As you touch each part, say: "This is the elephant's _____ (trunk, etc)." Ask the child to repeat the name.
3. Then hand the child a different animal and ask: "Do you know what it is?" If the child does not, tell him/her. Then say, "Show me his parts."

Behavior Chart: Record animal and parts named, with no help.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Materials Needed

Large rubber animals.

Summary or Comments

Parent Recording Sheet

VISUALLY IMPAIRED 5: Sorting bristle blocks

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Fine Motor

Basic Goal

_____ will manipulate and sort
(child's name)

Bristle Blocks. (Playskool).

Steps and Procedures

1. Have the child use all blocks to build 1 big lump.
2. Then say: "Pull them apart."
3. Hold up 1 shape of block. Say to the youngster: "Find all the other blocks like this one."
4. Then say: "Use all of this kind of block to build a structure."

Behavior Chart: Place an "X" when child completes each task. Circle the "X" if help was needed.

	Uses all blocks to build 1 lump	Finds all of 1 shape
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Bristle Blocks (Playskool).

Summary or Comments

Parent Recording Sheet

VISUALLY IMPAIRED 6: Identifying "b" objects

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Expressive Language

Basic Goal

_____ will name objects in "b"
(child's name)

bag and then gives a "b" word of his own.

Steps and Procedures

1. Ask the child to pull 6-10 objects out of the bag 1 at a time and to name each. Give help if needed.
2. Give the child 3 words. Ask the child: "Which is the "b" word?"
3. Ask the child to tell you a "b" word; give no help!

Behavior Chart: Place an "X" in the box when the child completes the task.

	Names "b" objects	Identifies "b" word	Tells "b" word
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Materials Needed

Fabric or paper bag with small objects beginning with the "b" sound, 6-10 objects.

Summary or Comments

Parent Recording Sheet

VISUALLY IMPAIRED 7: Counting objects

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Cognitive

Basic Goal

_____ will count 5 objects and
(child's name)

place each in 1 hole of a fruit or egg

tray.

Steps and Procedures

1. Place 5 identical objects in a row on a table.
2. Hold the child's finger as you touch and count each. "Repeat the number after I say it."
3. Then say, "Now you count 1 object and place it in the hole."

Behavior Chart: Place an "X" in the appropriate box when the child completes a task. Circle the "X" if help was given.

	Counts 5 objects	Matches object to hole
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

5 identical objects (food, beans, buttons, peanuts, bottle tops, etc.).

Summary or Comments

Parent Recording Sheet

VISUALLY IMPAIRED 8: Naming the missing fruit

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Cognitive

Basic Goal

_____ will name the piece of
(child's name)

fruit that is taken away from set (apples, banana, pear, lemon, orange).

Steps and Procedures

1. Place each piece of fruit in a row.
2. Guide the child's hand in touching each piece from left to right. Name each piece as it is touched. Ask the child to repeat each name after you.
3. Remove 1 piece and tell the child: "One fruit is hiding under the table."
4. The child should be encouraged to examine the pieces left. Then ask: "Which piece is missing?" You may give as a clue the first sound in the fruit's name if needed.

Behavior Chart: Write the 5 fruit in the first column and the name of the missing fruit in the second. Circle the name in the second column if help was given.

	Write in fruit named	Missing fruit
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

Set of plastic fruit.

Summary or Comments

Parent Recording Sheet

VISUALLY IMPAIRED 9: Removing pegs

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Fine Motor

Basic Goal

_____ will remove and replace
(child's name)

10 pegs, repeating or counting numbers.

Steps and Procedures

1. Show the child how to use the left hand to locate a peg for the right hand. Work left to right in this exercise.
2. Place 10 pegs in a row. As the child removes 1, you say: "One. Now you say it." Follow this procedure through to 10. The child should place the pegs in a container as they are removed.
3. After all pegs have been removed, ask the child to replace them in their holes, 1 peg at a time.

Behavior Chart: Place an "X" in the box when the child removes all 10 pegs. Circle the "X" if help was needed.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Materials Needed

10 pegs, pegboard.

Summary or Comments

Parent Recording Sheet

VISUALLY IMPAIRED 10: Counting dots on dice

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Cognitive

Basic Goal

_____ will count dots on a die
(child's name)

as part of the Cootie Game.

Steps and Procedures

1. Have the child hold a small margarine tub or box with the left hand and drop the die with the right hand into the container.
2. Hold the die steady so the child can feel the dots.
3. When the child announces the number of dots he or she feels, tell the part of the Cootie the child has won.

*Each number on the die represents a body part to be won in the Cootie Game.

Behavior Chart: Record numbers identified. Circle the numbers if help was needed.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Materials Needed

Cootie Game, small margarine tub or box.

Summary or Comments

Parent Recording Sheet

VISUALLY IMPAIRED 11: Naming animals

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes** ____ **No** ____

Developmental Area: Cognitive

Basic Goal

_____ will name large and small animals.
(child's name)

Steps and Procedures

1. Place five animals in a pile. Tell the child: "Find all the big ones."
2. When the child has done this, ask him/her to name each.
3. Then ask the child to remove the remaining small animals.
4. Place all animals in 2 piles. Hand the child 1 large, and ask him/her to find 1 small one like it.

Behavior Chart: Write in name of animals involved in each activity.

	Finds and Names large - small	Matches same animal
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

5 large and 5 small rubber animals.

Summary or Comments

Parent Recording Sheet

VISUALLY IMPAIRED 12: Placing objects

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Cognitive

Basic Goal

_____ will place a small object
(child's name)

in, on, under, in front of, besides,

behind a cup.

Steps and Procedures

1. Hold the child's hand, name 3 prepositions, and help him or her place a block for each.
2. Then, take your hand away and tell the child where to place 1 object. Say, "Put it on." (then in, under)
3. If the child hesitates, place your hand over his or hers and repeat the preposition.
4. Now follow this procedure with the next 3 prepositions.
5. Then, repeat step 2 with all 6 prepositions together.

Behavior Chart : Note which prepositions were used. Circle those with which the child required help.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Materials Needed

Cup, block or ball.

Summary or Comments

Parent Recording Sheet

VISUALLY IMPAIRED 13: Naming geometic shapes

Child's Name: _____ **Date Initiated:** _____

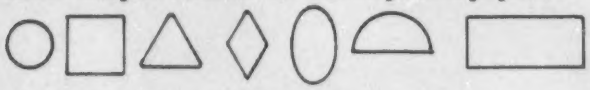
Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Cognitive

Basic Goal

_____ will name the following
(child's name)

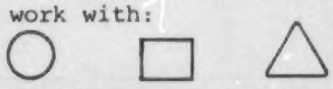
flat shapes (made of corrugated paper):



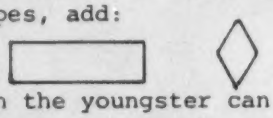
(large and small of each)

Steps and Procedures

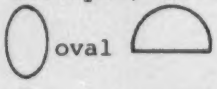
1. Make a set of shapes.
2. Place them flat on a table. Hold the child's hand over each and say its name. After you say each name, ask: "What is this?"
3. Start work with:



4. When the child knows the first 3 shapes, add:



5. When the youngster can identify the first 5 shapes, then add:



oval half circle

6. Keep shapes in a flat container. Have the child pull 1 out at a time and name it.

Behavior Chart: Draw in shapes named.

	Help	No help
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Materials Needed

2 sets of shapes (large and small) cut from corrugated, light bulb containers.

Summary or Comments

Parent Recording Sheet

VISUALLY IMPAIRED 14: Repeating the magic sentence

Child's Name: _____ **Date Initiated:** _____

Teacher: _____ **Credit: Yes**____ **No**____

Developmental Area: Cognitive (Expressive Language)

Basic Goal

_____ will recall and repeat
(child's name)

the magic sentence given by mom or dad

each morning.

Steps and Procedures

1. Give the child a short meaningful sentence at breakfast time.
2. Ask the child to repeat it after 1 minute. After 1 hour. After 8 hours.
3. If the child has difficulty remembering, give him/her clues: e.g., 1 word of the phrase, a key sound.
4. Make sentence a little more difficult each day.

Behavior Chart: Use an "X" to indicate that the child has repeated the sentence at the designated interval. Circle the "X" if help was given.

	Write sentence	1 min.	1 hour	8 hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Materials Needed

None.

Summary or Comments